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CONFIRMATION NO. 1505

<b>SERIAL NUMBER</b> 10/718,248	<b>FILING OR 371(c) DATE</b> 11/20/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 31685-704.502
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/008,576 11/11/2001 PAT 6,819,956  
 which is a CIP of 09/340,326 06/25/1999 PAT 6,366,813  
 and claims benefit of 60/095,413 08/05/1998  
 This application 10/718,248  
 claims benefit of 60/427,699 11/20/2002  
 and claims benefit of 60/436,792 12/27/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*  
 \*\* 06/22/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 38	<b>TOTAL CLAIMS</b> 194	<b>INDEPENDENT CLAIMS</b> 14
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## ADDRESS

21971

## TITLE

APPARATUS AND METHOD FOR CLOSED-LOOP INTRACRANIAL STIMULATION FOR OPTIMAL CONTROL  
 OF NEUROLOGICAL DISEASE

<b>FILING FEE RECEIVED</b> 2489	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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